



AZ HIPAA Medicaid Consortium

February 12, 2003

2:00 PM to 4:00 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Tina McClung, AHCCCS HIPAA Advisor & SME

Attendees:

ADHS

Thomas Browning

Parul Handa

Brian Heise

CJ Major

Carl Phillip

AHCCCS

Kathleen Bezon

Joe Boyle

Deborah Burrell

Geoff Foden

Margo Himes

Bruce Jameson

Nancy Mischung

Lori Petre

Frank Straka

Julie Swenson

Kathleen Taylor-Laws

Tina Trout

CIGNA

Jack Corcoran

Scott Cummings

DES

Marcella Gonzalez

Stan Hime

Major Williams

Nicole Yarborough

Evercare – United

Vicki Johnson

HCA

Stacy Kruse

Kathy Thurman

Mike Uchirin

HCS Maricopa

Rob Mayer

HCS D

Michael Wells

IHS

Charolett Melcher

MCP & Schaller Anderson

Cathy Jackson-Smith

Melanee Jones

Art Schenkman

PHS

Mark Hart

UFC

Kathleen Oestreich

John Valentino

UHC/AP/IPA

David Wormell

Sharon Zamora

Value Options

Todd Schuett

Verizon

Marsha Solomon

Yavapai County

David Soderberg

1. Welcome

Welcome to everyone.

2. General Housekeeping Items

a. Review of Minutes from Last Meeting

Please forward any changes or comments on the January Consortium minutes by February 19th.

b. Consortium Member Sign-in List

Indicate active participants only.

3. Purpose and Scope of Meeting

The HIPAA project is entering new phases and it will result in changes in the focus and content of the future Consortium Meetings. This meeting will begin the focus on the Testing.

4. Update on State-Wide HIPAA Activities

HIPAAZ is the statewide HIPAA organization and has captured the attention of the governor because of our unfunded Federal mandate.

AZ' state government is conducting a statewide assessment to determine the total statewide impact of costs. While some agencies have determined that they are not impacted by HIPAA, it has served to show others that they are impacted despite earlier assumptions.

There are many new agency directors. Angela Fischer has been meeting with these individuals to help them understand HIPAA in order to better assess the status of HIPAA initiatives within their organizations.

5. Update on AHCCCS TCS HIPAA Activities

An initial draft of local code mapping was circulated at the January Consortium meeting. Once the document has completed its review cycle and is stable it will be published on the AHCCCS HIPAA website.

Referencing the presentation slides there was a general overview of completed, active and to-be-started activities.

a. Work Group Activities

834 and 820 regular workgroups are complete.

Ad Hoc meetings to be scheduled as needed throughout testing and contingency planning phases for issue resolution.

As stated in our last meeting, auto assign and open enrollment codes would be strung together in loop 2300 HD04.

A codes and values mapping for the 834 roster was distributed since our last meeting. An accommodation was made in a workgroup meeting to determine how to handle codes identified as "not needed". These codes have been mapped either to something that exists or suppress it if the code maps to a functionality (e.g., an action code for pregnant women). No known objection to this accommodation exists. Please review this document.

Encounters regular workgroups are complete.

Ad hocs meetings will be scheduled to clean up odds and ends.

The encounter edit meeting will be scheduled in about 3-4 weeks. Brent Ratterree and the AHCCCS Applications team will participate in these sessions.

The 837 Professional Matrix was emailed to Consortium members, February 12, 2003.

The national group did not allow us to make any exceptions to the information contained in the implementation guide. Brent Ratterree suggested that we apply due diligence as much as possible to establish a valid HIPAA value, or even request an attachment that contains data that is not on the new form at all.

The new forms do not appear to contain all the information that HIPAA is asking for.

AHCCCS believes that the 4050 Addenda will clarify many areas where there are questions.

Questions can be addressed with in one the ad hoc workgroups. AHCCCS cannot change the implementation guide – only work within it.

The 4010A1 Addenda was approved. It will be published in about 1 week.

b. Update on Local Codes Mapping

Brent Ratterree expects the habilitation and residential codes to be release by the end of March. The AHCCCS rate setting staff is reviewing the codes for pricing. They have begun with the one-to-one codes and will progress into the more difficult ones.

The AHCCCS IT and business users have met, using the draft document, to discuss design accommodations needed to support the local codes mapping.

One conclusion reached is that we will need to accommodate a many-to-one AHCCCS-to-HIPAA mapping; we may have to accommodate a code that is valid based upon provider type or valid based upon place of service.

All of these are being reviewed for inclusion into our reference and claims subsystems. The database tables in our reference subsystem would be included in the monthly tape that AHCCCS distributes. The procedure reference tables and cross-references may assist Consortium members' in their design analysis.

c. Trading Partner Agreements – Companion Documents

Lori Petre, AHCCCS Test Manager, is now responsible for the completion of the companion documents since the HIPAA TCS Test Team will be using these documents to validate her testing efforts.

Internal review of the Companion Documents is underway and as they are completed they will be made available to Consortium members and posted on the HIPAA website.

The AHCCCS Applications and Network teams are reviewing items such as naming conventions that will affect the material to be included in the introductory sections of the companion documents.

Nancy Mischung, AHCCCS Applications Manager, indicated that at this time AHCCCS has been able to keep most of our processes and procedures the same and therefore we will have minimal disruptions.

d. AHCCCS HIPAA Translator Activities

The required hardware has been installed AHCCCS translator team is in the process of configuring this software. They have just completed a two-week training to familiarize themselves with the product. This will be followed by a two-week workshop using HIPAA transactions to begin mapping process and testing exercises.

e. Results of Encounter Testing Readiness Survey

Refer to the handout – Summary of Trading Partner Readiness for Encounter Related Testing. Responses are being used for informational purposes so that we can plan better. This information may also assist in identifying potential pilot candidates.

At the time of the meeting responses are still outstanding from ADHS-CRS, Community Connection, Maricopa Managed Care, Mercy Care, FHP of Northeastern Arizona, Pinal County and Ventana.

Email any corrections or additions to the test schedule information to Lori Petre.

A question was asked about the 2300 loop in HD discussion. He does not recall any mention of it in the draft Trading Partner Agreement for the 834.

Tina McClung indicated that this had not been discussed by the time that the 834 draft was produced but that it will be addressed in the next version that is released.

f. Update on AHCCCS Test Strategy & Test Planning

Within two weeks, a draft test calendar for group 1 and 2 should be available.

The dates on handout are broad windows for testing opportunities. If an MCO is not ready for these dates (though these are the latest dates projected) then that is not a problem – just communicate your dates so that we can schedule resources around that time.

The Test Plan is being prepared and will describe our environment, our approach, how we track and communicate problems, defines entry and exit criteria, points of contact, test calendars, general test standards, iteration standards, et cetera.

The Test Plan Table of Contents handout was referenced. When it is available, Consortium members will be able to request sections or the complete document.

Some components of this document will be distributed to all testing partners including the testing calendar, problem report forms and standards.

In addition, Consortium members will be kept informed of the overall testing status. Status updates are will be addressed in the Communication Plan.

The test plan itself includes a detailed unit test followed by a formal systems and integration testing. Upon successful completion, AHCCCS will work to certify each transaction.

A Claredi reference document that was included in the meeting materials was briefly discussed. AHCCCS stated that we want our trading partners to be certified and that there will be some flexibility in how this is verified.

AP/IPA pointed out that when you finalize your Claredi account there is an option to indicate that you'd like to share your progress with other Claredi clients.

Claredi's product also has other useful features including the ability to establish specific scenarios for practice and to test compliance with specific aspects of the testing plans or for individual pieces such as the 270 and 271.

The HIPAA TCS test environment will implement a strict release management process and will look and act very much like our production environment. We expect the region to be ready by April 1 for internal validation by the HIPAA TCS Test Team.

Refer to a separate handout – PMMIS Interface Transactions.

This handout will be used at a technical RFP session to be held on 2-21-03 to discuss items including which transactions are traded to be traded with the MCOs; which transaction are impacted by HIPAA and which are not; where is the documentation to be located; targeted testing dates, etc.

These details are important since AHCCCS will be conducting end-to-end testing. For example, a submitted encounter will be run through our entire processing and sent back to you. In this way, we'll touch all the processes that may or may not be impacted by HIPAA as Regression Testing is performed.

The AHCCCS testing environment is planned to accurately mimic production so that our testing partners will finish testing with a comfortable sense of what to expect with live data. Full recipient, provider and reference databases will be copied into the test region to facilitate testing. Since claims and encounters occupy so much space, however, there will be some limitations on the number of historical records available.

The Test Team will be referencing the readiness survey results in the selection of pilot test organizations.

A question was asked as to what mechanism will be used to report implementation guide violations. For example, initial testing with some groups has resulted in processing non-compliant 997 transactions that have resulted in our translator blowing up.

Lori Petre replied that these details are to be included in the communication plan.

As these documents are finalized they will be distributed to you to avoid waiting a full month to share this information.

Tina McClung addressed an email that was sent directly to her concerning Mercator's ability to validate transactions.

AHCCCS' v6.5.1 does validate up to 5 levels; v7.4 validates up to 7 levels.

Tina has been discussing 997 transactions with Mercator recently because the transaction for 997 can be handled differently from user to user.

Tina has checked to be assured that the version AHCCCS has been using will certify up to 5 levels.

g. Update on AHCCCS Project Schedule

The current schedule was updated and published last week. It reflects some of the delays reported at the last Consortium Meeting including the requirements for Group 1 transactions – which are now pending final approval.

The dates associated with the companion documents are dates that have been scheduled for delivery of the final versions.

Trading partner testing dates now include system integration and user testing. This has helped shave six weeks off of the previously scheduled timeframe for trading partner testing.

Group 2 transactions have only minor ad hoc workgroups remaining in order to finalize analysis.

A staggered delivery is expected on the companion documents for Group 2. The 5-7-03 completion date for this task is really the anticipated delivery date of the final transaction.

Estimated delivery dates for individual transactions are roughly as follows:

837 Encounters including adjudicated 277U – mid-March

FFS – early April

835 – mid-April

276, 277 – late April

278 PA – early May

Mercator's schedule will be merged into AHCCCS' master schedule. A pending schedule from the Applications team will be merged as we near remediation. The testing matrix is likely to remain an independent document.

h. AHCCCS HIPAA Web Site

The AHCCCS HIPAA web pages will include Testing standards and information will have more impacts and the web page is changing to include a new section for HIPAA TCS Testing. It will include the planned testing schedule, testing standards and additional references.

Updated informational documents include the presentation slides and handouts from these meetings and the Meeting Minutes for each meeting are available since August 2002.

Companion documents are posted here with versions clearly identified to help you find the latest revisions.

A Frequently Asked Questions (FAQ) facility is under development.

All documents posted are in PDF format and can be read by a free Adobe Acrobat reader that is available for download on the web. Published documents are backward compatible to Version 4.

AHCCCS publishes updates to the website on Tuesdays and Thursdays and materials from the February meeting will be available next week.

i. AHCCCS Transition, Contingency and Implementation Planning

AHCCCS is reviewing activities to identify opportunities to conduct early implementations where possible.

Current activities include infrastructure items that will establish stability and while this is likely to be invisible to users, it is expected to solidify our processes in areas such as standards for schedule handling, operational procedures, help desk procedures and error message

handling.

Reference tables will be updated with local codes prior to the HIPAA TCS implementation date. Brent Ratterree will address these updates in a future Consortium meeting.

Contingency planning will reflect all the readiness levels of the different health plans. We intend to manage these levels of readiness and define our business contingency responses and remediations based upon our partners' readiness. Clearly identifying and recording the planned responses for various contingencies will fall to a contingency team.

Identification of internal implementation team members is in process. The full implementation team will include external participants.

AHCCS anticipates the gathering and applying lessons from the pilot process, to the full implementation effort.

6. Update on AHCCCS HIPAA Privacy & Security Project

In our last Consortium, it was reported that FourThought Group had delivered their Phase II report.

We've received the review comments back from internally impacted divisions and submitted those to FourThought and they will integrate those into a final document.

A strategy towards remediation has been proposed and AHCCCS is prioritizing the remediation approach.

7. Wrap-up – Other Questions and Concerns

Before our meeting next month, please submit requests for agenda items that you would like to have more concentration on. Are there materials that you are looking for? What kind of information would you like to hear?

Q: If I send encounters file and you send me back a remittance file, will the remittance file go through Claredi?

A: No but it will have been certified previously through Claredi.

Q: Is the mapping document for the unsolicited 277 (accepted encounters) to be sent to HPs one of the mid-March deliverables?

A: The unsolicited 277 (accepted encounters) replaced the Adjudicated Encounters report. Tina McClung will send the worksheet created in the workgroups that mapped everything. It was used to create the trading partner agreements and companion documents.

Q: Are companion documents available for Group 2 transactions?

A: Not yet. They are undergoing an internal review. They are targeted for release on 3-10-03.

Q: Regarding the 835 Remittance Advice for Reinsurance, we get a report that details the whole case history. Will this go away?

A: No, this was discussed in the workgroups. The only things to be replaced by HIPAA are the things we talked about in our group – the Adjudicated Encounters report, the reinsurance remittance that you get with your payment.

8. Schedule for Next Meeting – March 12, 2003 – 2:00 PM to 4:00 PM